



Human Resources  
1 University Parkway  
University Park, IL 60484  
708.534.4100  
Fax 708.534.1642  
www.govst.edu/hr

**GOVERNORS STATE UNIVERSITY  
Employee Religious Accommodation Request Form**

**Part 1: To be completed by employee**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Date request: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Requested accommodation (job change, schedule change, dress/appearance code exception, vaccination exemption, etc.):

\_\_\_\_\_

Length of time the accommodation is needed: \_\_\_\_\_

Describe the religious belief or practice that necessitates this request for accommodation:

\_\_\_\_\_

\_\_\_\_\_

Describe any alternate accommodations that might address your needs:

\_\_\_\_\_

\_\_\_\_\_

My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that the University will attempt to provide a reasonable accommodation that does not create an undue hardship on the University. I understand that University may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation. I also understand that submitting a false or fraudulent request for religious accommodation or documentation in support thereof is grounds for discipline, up to and including termination.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2: To be completed by the employee's immediate supervisor**

Describe the requested accommodation:

\_\_\_\_\_

Evaluation of impact (if any): \_\_\_\_\_

\_\_\_\_\_



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Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

If the requested accommodation is denied, what are some alternative accommodations (list in order of preference):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Date discussed with employee: \_\_\_\_\_

Final accommodation agreed upon: \_\_\_\_\_

If no agreement on an accommodation, provide an explanation:

\_\_\_\_\_  
\_\_\_\_\_

Immediate supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Manager of immediate supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Human resources director: \_\_\_\_\_ Date: \_\_\_\_\_